

COMPANY NAME: REPRESENTATIVE:  ADDRESS: CITY,STATE,ZIP: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS:	<b>NO BIDS RECEIVED</b>		
<b>Description</b>	<b>Per Hr. &amp;/or % Profit</b>	<b>Per Hr. &amp;/or % Profit</b>	<b>Per Hr. &amp;/or % Profit</b>
<b>A. REPAIR SERVICE RATES</b>			
A.1. Shop Repair Services			
A.2. Field Repair Services			
A.3. Shop Welding			
A.4. Field Welding			
A.5 Weekend or after-hour repair service			
A.6 Bore Welding (Shop or Field)			
A.7. Service Vehicles			
<b>B. PARTS AND MATERIALS</b>			
<b>C. SUBCONTRACTOR COSTS</b>			
C.1. Overhead & profit for subcontractor costs			